

Fluoridation: Do We Want It?

—o— Continued from page 3 —o—

selected application of fluorides that would allow individuals desirous of the alleged benefits of fluoride to attain them while they, at the same time, do not interfere with those wishing to remain unfluoridated.

A simple solution, that would interfere with the rights and desires of no individual, is what Ohmart (87) has called "personal fluoridation", the administration of tablets of known dosage, to be swallowed as a pill or dissolved in a diluent of choice.

In 1946, Arnold stated: "It is easy and simple to get 1 ppm added fluorine into a child's diet by the use of standard fluoride tablets administered by the parents." If it was easy and simple then, it can be no less so now.

Nesin (38) has described various ways of providing fluoride intake for dental caries prevention in children. He feels the tablet method of administration best because:

1. Tablets allow for the greatest possible degree of dosage accuracy.
2. Tablets allow for the use of a vehicle of choice.
3. Tablets can be used with nearly equal facility in both urban and rural areas.
4. Tablets may be selectively applied so that only those who can benefit need partake.
5. Tablets allow for easy discontinuance of therapy by individuals evincing susceptibility.
6. Tablets provide a much higher degree of economy than water fluoridation. Comparative costs for New York City, as stated by Nesin (38), are \$110,000 per year for a tablet program as against over \$1,000,000 per year for water fluoridation chemicals alone, with the initial cost of equipment (\$445,000) and the yearly maintenance costs additional.
7. Tablets allow an individual to decide for himself whether or not he wishes to become fluoridated.

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